01P E-21-05;	5:07PM;	
MAR 2 1 2005 6		
12 4	dus sign(+) inside this box	-→ +
TRADEMARK		

Please type a plus	sign(+) inside this box> +					
ADEMARK OF THE				Approve	PTO/SB/81 (02 ed for use through 10/31/2002, OMB 0651-0	nna é
	Reduction Act of 1995, no persons are	required to respon	U.S. Patent an	d Trademari f informatio	k Office:U.S.DEPARTMENT OF COMMEI n unless it display a valid OMB control num	RCE
		Application	Number	10/758		iiber.
		Filling Date		01/12/		
DOWED C	FATTORNEY OR	First Named	Inventor	TENG	-MAO, CHIU	
i	ZATION OF AGENT	Title			MIXING DEVICE	
AUIHURIZ	LATION OF AGENT	Group Art L	J <u>nit</u>	3749		
		Examiner N	ame	GRAV	INI, STEPHEN MICHAEL	
		Attorney Do	cket Number	UCIP42	26	
I hereby appoin	t:			Г	NI C	\Box
Practitioner:	s at Customer Number			>	Place Customer Number Bar Code	
OR	_				Label here	
✓ Practitioner	(s) named below:			L		
Name Registration Number					Ī	
<u> </u>	JIAWEI HUAN	<u> </u>		43,33	0	İ
	•					
						-
as my/our attorne	y(s) or agent(s) to prosecute the	application id	entified above	and to tra	ensact all husiness in the	
United States Pate	ent and Trademark Office conne	cted therewith			inder an outsides in the	
	the correspondence addres		ove-identifie	d applic	ation to:	
	-mentioned Customer Num	ıber.			Place Customer	
OR					Number Bar Code	l
	rs at Customer Number	<u> </u>			Label here	[
OR						
✓ Firm or	J.C. PATENTS					
Individual Na	me					_
Address	4 VENTURE, SUITE 2	30		• •		_
Address	TDYDYC	lau la		m. o	0.61.0	_
City Country	IRVINE	State C	CA	Zip 9	2018	
Telephone	(949)660-0761	Fay /	949)660-080	0		\dashv
I am the:)(7 + 7)000-0701	rax (2+2 /000-080	7		\dashv
Application/	Inventor				•	
	f record of the entire intere	et See 27	CED 3 71			
Wasignee o	T TOCOTO OF THE CHITTE HINGIE	ai. 300 3/	CIR J./I.			- 1

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	TENG-MAC	CHIU	
Signature	Chin	eva	Mary
Date	21.5/2005	d	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S.DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

I hereby appoint	•						
☐ Practitioners	at Customer Number		Place Customer				
OR			Number Bar Code Label here				
Practitioner(s) named below:							
	Name Registration Number						
	JIAWEI HUANG 43,330						
-							
<u> </u>							
as my/our attorney United States Pate	(s) or agent(s) to prosecute the appli nt and Trademark Office connected t	ication identified above, as therewith.	nd to transact all business in the				
Please change t	the correspondence address for	the above-identified	application to:				
	mentioned Customer Number.		Place Customer				
OR Number Bar Code							
☐ Practitioners at Customer Number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐							
OR							
J.C. PATENTS							
Individual Name							
Address 4 VENTURE, SUITE 250							
Address							
City	IRVINE	State CA	Zip 92618				
Country							
Telephone (949)660-0761 Fax (949)660-0809							
I am the:							
✓ Application/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71.							
Statement u	Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record							
Name CHIN	N-HSIANG, LIN						
Signature $\angle I$	<u> </u>	G					
	10005	•					
NOTE: Signatures of Submit multiple for	f all the inventors or assignees of rec ms if more than one signature is requ	ord of the entire interest o	r their representative(s) are required.				
∨ *Total of _	1 forms are submitted						
			·				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:Assistant Commissioner for Patents, Washington, DC 20231.



CHANGE OF CORRESPONDENCE ADDRESS

Application

Application No.:	10/758,450	
Filing Date:	January 12, 2004	
First Named Inventor:	TENG-MAO CHIU	
Group Art Unit:	3749	
Examiner:	GRAVINI, STEPHEN MICHAEL	
Attorney Docket No.:	UCIP426	

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Please change the Correspondence Address for the above-identified application

to:

[X] The address associated with Customer Number:

[] Applicant / Inventor.

23900

OR

[] Firm or Individual Name				
Address				·
City				
Country			*	
Telephone	949-660-0761	Fax	949-660-0809	

I am the:

Г	1	Assignee of the entire interest.
L	-	Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

[X] Attorney or Agent of record. Registration Number 43,330	[X]	Attorney or Agent	of record.	Registration Number	43,330
---	-----	-------------------	------------	---------------------	--------

[]	Registered practitioner named in the application transmittal letter in an application	n
		without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration No.	

Type or Printed Name	Jiawei Huang	Registration No.	43,330
Signature	SD HO		
Date	March 21, 2005		

UCIP426